

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	DATA TRANSMISSION
Attorney Docket Number::	116-104US
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: THE NETHERLANDS
Status:: Full Capacity
Given Name:: PIETER
Middle Name:: CORNELIS
Family Name:: LUNENBURG
City of Residence:: WAIUKU
State or Province of
Residence::
Country of Residence:: NEW ZEALAND
Street of Mailing Address:: 5 BRIGHTS ROAD

City of Mailing Address:: WAIUKU
State or Province of Mailing Address::
Country of Mailing Address:: NEW ZEALAND
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED KINGDOM
Status:: Full Capacity
Given Name:: ROBERT
Middle Name:: CHARLES BRYAN
Family Name:: WOODHEAD
City of Residence:: COCKLE, HOWICK
State or Province of
Residence::
Country of Residence:: NEW ZEALAND
Street of Mailing Address:: 101 SANDSPIT ROAD

City of Mailing Address:: COCKLE BAY, HOWICK
State or Province of Mailing Address::
Country of Mailing Address:: NEW ZEALAND

Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
NEW ZEALAND	509130	12/22/00	Yes

Assignment Information

Assignee Name:: Tru-Test Limited
Street of Mailing Address:: 25 CARBINE ROAD

City of Mailing Address:: MT. WELLINGTON
State or Province of Mailing Address::
Country of Mailing Address:: NEW ZEALAND
Postal or Zip Code of Mailing Address::

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